



Federal Update for December 15 - 19, 2014



Health Care: Information on Coverage Choices for Servicemembers, Former Servicemembers, and Dependents

What GAO Found

Servicemembers', former servicemembers', and their dependents' eligibility for health care coverage through the Department of Defense (DOD) and the Department of Veterans Affairs (VA) is primarily based on military status, while eligibility for Medicare, Medicaid, and coverage purchased through an exchange established by the Patient Protection and Affordable Care Act (PPACA) is based on age, income, or other factors. The Centers for Medicare & Medicaid Services (CMS)—an agency within the Department of Health and Human Services (HHS)—oversees health care coverage provided through Medicare, Medicaid, and the exchanges. Most servicemembers, and former servicemembers who retired from military service, and their dependents are entitled to DOD coverage, according to DOD officials. Those who are not entitled to DOD coverage, such as reservists and certain of their dependents, may be eligible to purchase it. Former servicemembers who left military service for reasons other than retirement are not eligible for DOD coverage. All former servicemembers are generally eligible for VA coverage. Servicemembers, former servicemembers, and their dependents may also be eligible for Medicare or Medicaid, if they meet eligibility criteria, and may purchase coverage through an exchange.

Federal programs and exchange-purchased plans generally offer comprehensive coverage, which includes coverage for certain benefit categories such as inpatient hospital and outpatient medical services. These forms of coverage may have cost-sharing, subject to certain limits. Cost limits vary and depend on factors such as military status and income. For example, servicemembers do not pay an annual

enrollment fee for certain DOD coverage, but former servicemembers do. VA does not generally require cost-sharing for those with certain service-connected conditions or low incomes, while it may for others.

DOD and VA provide information about exchange-purchased coverage on their websites, including that their coverage satisfies the requirement for minimal essential coverage (MEC) established by PPACA. VA informs its beneficiaries that they do not qualify for federal subsidies that lower the cost of exchange plans, even if they meet income and other requirements, because VA coverage satisfies the requirement for MEC. VA also informs its beneficiaries that they may opt out of VA coverage, and thus potentially qualify for federal subsidies. DOD, however, does not provide information indicating that most individuals with DOD coverage cannot opt out of it and, therefore, cannot qualify for federal subsidies. Nor does DOD inform those that have the option of purchasing DOD coverage that they may qualify for federal subsidies, if they do not choose DOD coverage. This is inconsistent with federal internal controls that require communication with stakeholders, and by providing this information, DOD could potentially help servicemembers, certain former servicemembers, and their dependents make more informed decisions regarding their health care coverage.

About 27 million servicemembers, former servicemembers, and their dependents had health care coverage through DOD, VA, Medicare, or Medicaid, or a combination of these in 2012, according to U.S. Census Bureau data. Of these, about 7 million had health care coverage through two or more programs in 2012, most often VA and Medicare (2.4 million), Medicare and Medicaid (1.3 million), and DOD and Medicare (1.2 million).

Why GAO Did This Study

In fiscal year 2013, there were about 53 million servicemembers and former servicemembers—those who retired from military service or left for reasons other than retirement—and their dependents. These individuals may be eligible for health care coverage through DOD, VA, Medicare, or Medicaid and may purchase coverage through the exchanges established by PPACA. These sources provide individuals opportunities for choosing the coverage that is most suited to their needs, but may also require consideration of complex factors when making choices.

GAO was asked to examine federal health care programs and exchange-purchased coverage available to servicemembers, former servicemembers, and their dependents. GAO examined (1) eligibility for coverage, (2) the key benefits offered by this coverage and the individuals' costs, (3) the extent to which information on exchange-purchased coverage and federal subsidies is provided by DOD and VA, and (4) the extent to which these individuals have coverage through DOD, VA, Medicare, and Medicaid. GAO reviewed agency documents and relevant laws and regulations, analyzed U.S. Census Bureau data, and interviewed agency officials.

What GAO Recommends

GAO recommends that DOD provide information on how its coverage affects individuals' qualification for federal subsidies for exchange-purchased coverage. DOD concurred with GAO's recommendation. VA generally agreed with GAO's conclusions. HHS had no comments on this report.

VA to Pilot IBM Computer Technology to Assist Physicians in Caring for Patients
The Department of Veterans Affairs (VA) has begun a two-year pilot to study innovative approaches to quickly search electronic medical records and medical literature for relevant published studies. During the pilot, VA will assess how the technology may accelerate evidence-based clinical decisions.

“Physicians can save valuable time finding the right information needed to care for their patients with this sophisticated and advanced technology,” said Interim Under Secretary for Health Carolyn M. Clancy, M.D. “A tool that can help a clinician quickly collect, combine, and present information will allow them to spend more time listening and interacting with the Veteran. This directly supports the patient-centric medicine VA is committed to delivering every day.” The IBM Corporation was selected to provide the system which uses its “Watson technology” made famous on Jeopardy! in 2011. Today, IBM is working with several healthcare organizations to apply Watson's cognitive capabilities in helping doctors identify and analyze cancer treatment options. Learning about the opportunities and challenges these next-generation technologies may have is part of an ongoing effort for VA to advance the quality of healthcare provided to our Nation’s Veterans. During the pilot, clinical decisions will not be made on actual patient encounters, but instead will use realistic simulations. The notice can be found here:

<https://www.fbo.gov/notices/1e9767c0e2880cf2e4ce98f75b113efa>

National DAV Memorandum

TO: DAV Departments and Chapters

FROM: Garry J. Augustine, Executive Director, Washington Headquarters

SUBJ: IMPORTANT NEWS ON PROTECTING VETERANS BENEFITS

Date: December 15, 2014

After a year-long campaign by DAV and our VSO coalition partners, I am very pleased to let you know that we have achieved an important breakthrough to protect veterans benefits against any future government shutdowns or budget stalemates. Last week, Senate and House appropriations leaders agreed to include advance appropriations for veterans benefit payments as part of the omnibus appropriations agreement that was passed by the House on Thursday, December 11, 2014, by a vote of 219 to 206, and it passed the Senate on Saturday, December 13, by a vote of 56 to 40.

When this legislation is signed by the President later this week, veterans, their families and survivors will have new assurance that mandatory VA benefits will be paid on time without having to worry about them getting caught up in future political or partisan battles over federal spending. With passage of this legislation, Congress will be authorized to appropriate these funds a year in advance, thereby ensuring that veterans, family members and survivors will no longer need to worry whether a government shutdown will cut off their disability compensation, pension, DIC, GI Bill or other mandatory benefits payments.

This historic agreement was made possible because of the work done by you and DAV's many other leaders, members and supporters. Beginning with the government shutdown last year, we organized and mobilized a campaign to pass legislation to ensure that veterans benefits were never again threatened by partisan politics or unrelated budget battles. This past February many of you joined us on Capitol Hill for *Operation: Keep the Promise*, as we increased the pressure on Congress to pass legislation to protect our benefits. Our recent Change.org petition calling for action before the end of the year gathered support from more than 38,000 signers in just two weeks, primarily thanks to the support of DAV members.

Building on this tremendous base of nationwide support, we held a remarkable series of meetings two weeks ago with top Senate and House leaders, including Senate Appropriations Chairwoman Barbara Mikulski (MD), House Veterans' Affairs Chairman Jeff Miller (FL), House Veterans' Affairs Committee Ranking Member Mike Michaud (ME), and the staffs of Senate Majority Leader Harry Reid (NV), House Speaker John Boehner (OH), Senate Veterans' Affairs Committee Chairman Bernie Sanders (VT), Senate Veterans' Affairs Committee Ranking Member Richard Burr (NC), and Senate Minority Leader Mitch McConnell (KY). Consequently, Senator Mikulski agreed to include the advance appropriations provision in the omnibus bill provided we were able to get letters signed by Senators Sanders and Burr and Congressmen Miller and Michaud, formally supporting the inclusion of this authorizing language in the omnibus appropriations bill. With our VSO colleagues, we were able to get that done in just over 24 hours. Chairman Miller then worked with House leadership to get them onboard, and Chairman Sanders' staff helped build support on the Senate side. Senator Reid's office was also active in working to fulfill the promise he made in October to schedule a vote on advance appropriations legislation this year. Senators Begich and Boozman, the Senate co-sponsors of advance appropriations, also actively worked to get this bill enacted.

You can learn more about this legislation and how we were able to get Congress to adopt it by reading the statement from National Commander Ron Hope that was released last week.

I wanted to take this opportunity to thank all of you who have been working in the trenches to make this victory possible. The support you provide, whether from emails, phone calls or visits to your Senators and Representatives, stands behind all of our successes.

On behalf of our entire DAV team, I want to thank you for helping us keep the promise to the men and women who served, and I wish all of you a very Merry Christmas and Happy Holidays.

BRAC Update ► NDAA Rejects 2017 Base Closures

The latest National Defense Authorization Act legislation unveiled 2 DEC rejects the Defense Department's request for a round of base closures in 2017. The 2015

NDAA, introduced by the chairman and ranking members of the House and Senate Armed Services Committees, was a compromise based upon versions of the bill that passed the House and the Senate Armed Services committee in May. But both bills contained a rejection of a base realignment and closure (BRAC) round in 2017, something the administration and the Defense Department has been pushing for.

In 2004, DoD estimated it had about 25 percent excess infrastructure. The 2005 base realignment and closure process cut roughly 3 percent of that. The department saves more than \$12 billion a year from the five base realignment and closure rounds announced between 1988 and 2005 and is hoping to save more in a future consolidation, according to the Department. But the legislation also dropped a House bill provision that asked the Defense Department to report on its long-range force structure plans and conduct a comprehensive inventory of its facilities and infrastructure. The reports would have been used to identify surplus properties and would have asked the Defense Secretary to certify whether there is any need for a round of base closures and affirm that DoD would save money by closing them. An explanation of the NDAA provided by the lawmakers also called previous savings estimates of earlier BRAC rounds “outdated” and said the Defense Department already has enough tools to reduce its infrastructure spending. [Source: FederalTimes | Andy Medici | Dec. 02, 2014 ++]

DoD Sexual Abuse Update ► Higher Than Previously Thought

The estimated number of sexual assaults in the U.S. military dropped in 2014 but the number of rapes and violent sexual assaults is significantly higher than previously thought, according to new data released by the Defense Department and the Rand Corp. Preliminary findings of an extensive survey of 170,000 troops released Thursday revealed that 20,000 service members said they had experienced at least one incident of unwanted sexual contact in the past year, representing nearly 5 percent of all active-duty women and 1 percent of active duty men. The estimated number in fiscal 2012 — the last year a complete survey was conducted — was 26,000. But new survey methodology used by Rand found that many of the 20,000 assaults in 2014 were not “unwanted sexual contact” —

a phrase the Pentagon uses to describe any incident of unsolicited and unwanted sexual behavior - they were extremely violent acts.

Nearly half the assaults reported by women and 35 percent reported by men were "penetrative sexual assaults" — violent crimes that include rape and penetration with an object. Using the methodology DoD previously used for surveys, just 29 percent of assaults against women and 11 percent against men in 2014 would have been classified as penetrative sexual assaults. The Rand survey generated some controversy earlier this year when some service members complained to the Associated Press about its explicit language and graphic questions on sexual activity. But the Pentagon said the survey, which previously had been conducted by DoD but was contracted to Rand this year to improve reporting and ensure objectivity, was more detailed in order to get more accurate results.

Defense Secretary Chuck Hagel on 4 DEC sent a report on sexual assault to President Obama showing that the DoD received 5,983 reports of sexual assault in fiscal 2014, up 8 percent from 2013, but fewer than a third of the total estimated assaults. The number of unrestricted reports — on incidents that allow prosecution and courts-martial to proceed — also increased, but by a smaller margin, 6.5 percent. Pentagon officials said the increased reports and decrease in number of assaults estimated by the Rand survey show progress is being made in efforts to combat the problem in the ranks. "Over the past three years, we have taken aggressive action to substantially improve our sexual assault prevention and response program," Hagel said in a memo to Pentagon leaders. At the same time, he said there is "much work to do," and he outlined steps the department will take to further reduce incidents.

The Pentagon continues to face pressure from Congress on the issue, with new measures included in the forthcoming fiscal 2015 defense bill that protect victims of sexual assault, allowing them to provide input on how their case should be tried and challenge any discharge or separation from service that may follow an incident of sexual assault, among other protections. Sen. Kirsten Gillibrand (D-NY) and a bipartisan group of senators on Monday renewed their call to overhaul the military justice system by removing the authority given to a small number of commanding officers to decide whether cases should proceed to court-martial.

Gillibrand pressed for her legislation to be included in the defense bill as an amendment but said she would propose it for a stand-alone vote and continue pushing Obama for an executive action on the matter. A breakdown of the newly released data for 2014 follows:

- DoD received 5,983 reports of sexual assault, with 4,501 being unrestricted. Less than a third, or 1,482, were "restricted" reports, meaning the victim sought only medical attention and did not want to participate in any investigation and prosecution.
- Of the 2,419 cases in which military commanders had a suspect, legal jurisdiction and a victim willing to assist in an investigation, commanders found sufficient evidence to take disciplinary action in about 1,764 cases, including 1,380 for sexual assault and 384 for misconduct other than sexual assault.
- Of the 1,380 cases that resulted in disciplinary action for sexual assault-related misconduct, 910 went to court-martial, 283 received nonjudicial punishment and 187 were discharged for other reasons.

The Pentagon altered its method of accounting for the assaults this year, a move some lawmakers have criticized for obscuring whether real change is occurring. But in the most recent report, under the old estimation method, the fiscal 2014 estimates for assault would have been 19,000. The new method indicated 20,000 troops experienced sexual assault, although the numbers still are not concrete because sexual assault is an under-reported crime. According to Hagel's memo to service chiefs, changes will be made in training, education and at installations to improve sexual assault reporting and protect victims including:

- A long-term effort at each installation to customize sexual assault programs to their circumstances and implement them.
- New programs to increase unit leaders' knowledge and understanding of sexual assault programs to improve their ability to communicate the importance of prevention and response and mitigate retaliation against victims.
- Further enforcement procedures to ensure that victims, witnesses or those who respond to an incident do not feel any consequences, reprisals or retaliation for reporting a sexual assault.

The new initiatives on curbing retaliation are aimed at addressing a long-standing problem in the Defense Department -- that victims often are blamed for reporting crimes, shunned by colleagues, challenged professionally or painted as having a mental health disorder and discharged. The Rand survey found that 62 percent of women who endured a sexual assault and reported it endured some type of retribution or retaliation. Social retaliation accounted for the largest form of perceived retribution, but 32 percent said they faced professional retaliation and 35 percent experienced an adverse administrative event after reporting an incident.

According to the Rand survey, the Air Force and Coast Guard had the lowest percentages of reported sexual assaults in 2014 and the Navy and Marine Corps had the highest. The Marine Corps reported the highest percentage of sexual assaults against women, with 7.9 percent reporting having endured an assault, while the Navy had the highest for men, 1.5 percent. The percent of troops reporting a sexual assault in the other services among women were 4.7 percent of Army soldiers, 6.5 percent of Navy sailors, 2.9 percent of Air Force airmen and 3.0 percent of Coast Guardsmen. The percentage of male troops reporting a sexual assault were 1 percent of soldiers, .3 percent of airmen, 1.1 percent of Marines and .3 percent of Coast Guardsmen. The study further estimates that 26 percent of active-duty women and 7 percent of active-duty men experienced sexual harassment or gender discrimination. [Source: Military Times | Patricia Kime | Dec. 4, 2014 ++]

Commissary News Update ► Funding Cut

Lawmakers agreed to cut commissary funding by \$100 million next year compared with this year, according to a new agreement on a compromise defense authorization bill. Defense officials had proposed cutting \$200 million from the Defense Commissary Agency budget that funds about 245 stores on military installations around the world, part of a three-year plan that would bring the annual commissary budget down from about \$1.3 billion to \$400 million. They acknowledged that the plan would shrink the commissary savings compared with average off-base grocery prices to about 10 percent from the current 30 percent, with shoppers having to cover the difference out of pocket. But by law, commissaries must sell products at cost, and there is no authorization in the new bill that would allow commissaries to raise prices to pay for operations.

A fact sheet accompanying the compromise bill, approved by conferees on the House and Senate Armed Services committees, noted that as a former retail entrepreneur, House Armed Services Committee Chairman Rep. Buck McKeon (R-CA) "understands that efficiencies can be made that reduce the cost of the program without increasing prices." "It's a little early to tell what the impact will be," said Mike Hayden, director of government relations for the Military Officers Association of America, though he issued an early warning on lawmakers' reference to "efficiencies." "Efficiency, to me, is providing the same amount of service at lower costs," Hayden said, adding that his concern is that the commissary agency will cut back on personnel, reducing operating hours or lengthening checkout lines for customers.

Lawmakers also agreed to require a study of the commissary system in conjunction with an independent organization familiar with retail grocery analysis. The study would examine the effects of using variable pricing in commissary stores to increase prices and help fund store operations; implementing a program to stock more "private label" products; and converting the commissary system into a non-appropriated fund organization, among other things. That review would be due to Congress by 1 SEP. The defense bill is expected to be passed by the House this week and considered by the Senate next week. The White House has threatened a veto on unrelated topics in the bill, but has not followed through on similar threats in recent years.

Subsequently, as a final vote neared on the bill, lawmakers rejected the White House request to start reducing funding for commissaries, and instead restored \$190 million. In the budget resolution compromise announced 10 DEC, the House and Senate Appropriations committees agreed to that decision, pending the report due to Congress 1 FEB from the Military Compensation and Retirement Modernization Commission. [Source: MilitaryTimes | Karen Jowers | Dec. 03, 2014 ++]

SECDEF Update ► Ashton Carter Nominated

Ashton Carter, the former deputy defense secretary, will be nominated to be the next defense secretary to replace Chuck Hagel, sources have told CNN and The Associated Press. Carter served as the Pentagon's No. 2 civilian official from October 2011 to December 2013, and had a stint as the Pentagon's chief weapons buyer before that. He has mostly kept quiet since leaving the Pentagon. Described

as an “uber wonk” by Chairman of the Joint Chiefs of Staff Gen. Martin Dempsey at Carter’s farewell ceremony last year, Carter was in the thick of the wartime rapid fielding initiatives of the past decade, playing a key role in procuring tens of thousands of hulking MRAPs to Iraq and Afghanistan in just about two years. “It’s lucky for us that you have worked without glamor or fame behind the scenes to make sure through good management and common sense and discipline that we are an organization that continues to adapt to the challenge that we find in front of us,” Dempsey added at Carter’s farewell ceremony.

Known for his ability to work through complicated budgetary issues while playing a large — and thoughtful — role behind the scenes, Carter has given few clues as to some of the priorities he would bring with him to the Pentagon. He has stressed the need to retain some of the rapid fielding offices and initiatives that were stood up during the height of the wars in Iraq and Afghanistan. “I very much hope we can retain that agility,” Carter told the New York Times in a November 2013 exit interview just before departing the Pentagon. “Rapid fielding — not on a Cold War schedule of years and decades, because that’s how slowly the Soviet Union changed, but on weeks and months, because that’s how fast the battlefield has changed in Iraq and Afghanistan.”

In a Foreign Affairs story published in January, he wrote that in a postwar environment, “it is important to understand what prevented the Pentagon from rapidly meeting immediate demands during those wars, what enduring lessons can be learned from its efforts to become more responsive, and how to put in place the right institutions to ensure success against future threats when agility is crucial.” These ideas are in keeping with the initiatives recently launched by Deputy Defense Secretary Bob Work and the chief weapons buyer Frank Kendall — both of whom hold offices previously occupied by Carter — that are aimed at streamlining acquisition processes, and rapidly developing new technologies to meet new threats. And Carter has friends on the Hill.

- Senate Armed Services Committee Chairman Sen. Carl Levin, (D-MI), who has seen many confirmation processes over his three decades in the chamber, told reporters on 2 JAN that he believes Carter “would do very, very well in a confirmation hearing” run by Republicans in the new Congress. “Offhand, I don’t foresee that there would be a big issue because I think he’s highly respected on both sides of the aisle,” Levin said.

Republican lawmakers responded by stressing the president must change what some have dubbed a micromanaging style over the department, no matter who gets the nomination.

- Carter is “a good guy,” retiring House Armed Services Committee Chairman Rep. Buck McKeon (-CA) told reporters Tuesday morning. “It’s not the secretary. It’s the president,” McKeon said. “And he’s going to keep going through these guys unless they do just whatever he tells them to do.”
- The lawmaker who is set to replace McKeon as HASC chair, Rep. Mac Thornberry (R-TX) said of Carter: “I have a lot of respect for him.” “I hope that whoever gets the job has an understanding that he or she is going to do what’s best and not be micromanaged from the White House,” Thornberry said. “He knows the Pentagon. He certainly knows some of the acquisition issues I’ve been dealing with. So, we’ll see.”

Carter earned bachelor’s degrees in physics and medieval history from Yale University in 1976. He received his doctorate in theoretical physics from Oxford in 1979, where he was a Rhodes Scholar. He also worked as a postdoctoral fellow at Rockefeller University and MIT, as well as a research associated at Brookhaven and Fermilab National Laboratories. In government, Carter has been awarded the Department of Defense Distinguished Service Medal four times, along with the Defense Intelligence Medal. During the Clinton Administration, Carter was assistant defense secretary for International Security Policy. From 1990 until 1993, he served as director of the Center for Science and International Affairs at Harvard University’s John F. Kennedy School of Government, and chairman of the Editorial Board of International Security. [Source: Defense News | Paul Mcleary | Dec. 01, 2014 ++]

POW/MIA Recoveries

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,877), Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the

single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http://www.dtic.mil/dpmo/accounted_for.

For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call (703) 699-1169.

The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam – None

Korea

The Department of Defense POW/Missing Personnel Office (DPMO) announced 4 DEC that the remains of a U.S. soldier, missing from the Korean War, were recently identified and will be returned to his family for burial with full military honors. Army Cpl. Leland F. Smith, 18, of Angola, Ind., will be buried Dec. 8, in Angola, Ind. On the night of Nov. 27, 1950, elements of the 25th Infantry Division (ID) and 35th Infantry Regiment (IR) were engaged in fighting when Chinese forces attacked their position near the Ch'ongch'on River, North Korea. Due to extensive losses and casualties, Smith's unit began a fighting withdrawal south. On Nov. 28, 1950, Smith was reported missing in action. In late 1953, as part of a prisoner of war exchange, known as "Operation Big Switch," a returning U.S. service member told debriefers that Smith was captured by enemy forces and later died of malnutrition in February 1951 at prisoner of war Camp 5, in Pyokdong. In 1954, a military review board changed his status from missing in action to presumed dead. Between 1991 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to contain more than 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from the vicinity where Smith was believed to have died. On Oct. 6, 2000, a Joint POW/MIA Accounting Command (JPAC)/Democratic People's Republic of Korea (D.P.R.K.) team excavated a purported burial site near the Kujang, North Korea, recovering remains. In identifying of Smith's remains, scientists from the JPAC and Armed Forces DNA Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including two forms of DNA analysis: mitochondrial DNA, which matched his sister, half-sister, nieces and nephew, and autosomal Short Tandem Repeat DNA (STR), which matched his sisters. Today, 7,868

Americans remain unaccounted for from the Korean War. Using modern technology, identifications continue to be made from remains that were previously turned over by North Korean officials or recovered by American teams. Two Korean War MIAs Identified: The Defense POW/MIA Office announced the identification of remains of two Americans who had been missing-in-action since the Korean War. Identified are:

- Army Pfc. Paul L. Tingle, of San Francisco, was lost on Nov. 26, 1950, in North Korea, where he later died as a prisoner of war. He was assigned to Company I, 3rd Battalion, 9th Infantry Regiment, 2nd Infantry Division. He was accounted for on Nov. 12, and will be buried with full military honors at a location yet to be determined.
- Marine Corps 1st Lt. Raymond O. Ball, from Ohio, was lost in North Korea on Nov. 27, 1950, and accounted for on Nov. 13. He was assigned to Company E, 2nd Battalion, 7th Marine Regiment, 1st Marine Division, and will be buried with full military honors at a location yet to be determined.

World War II – None

[Source: http://www.dtic.mil/dpmo/news/news_releases/ Dec. 13, 2014 ++]

VA Health Care Access Update ► Patient Access Data Release 11

On 5 DEC VA released its latest figures on medical access and how many VA beneficiaries are being authorized to receive medical care in the private sector. Also the second group of beneficiaries is now receiving their VA Gold Cards. The Patient Access Data Release 11 was in keeping with the commitment to improve transparency in the Department's processes and in accordance with Section 206 of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), the Department of Veterans Affairs (VA). The release of the latest update of facility level 1 patient access data indicates notable access improvements. In addition to the data released on 5 DEC, records indicate that VA has made nearly 1.2 million authorizations for Veterans to receive care in the private sector from June 1, 2014 through October 31, 2014.

- This is 48% more authorizations to receive care in the private sector than in the same period in 2013.
- Authorizations from June 1, 2014 through October 31, 2014, have the potential to generate more than 11 million appointments.

For this release, VA provided two reports for pending and completed appointments. Pending Appointments (Snapshot of Data on November 1, 2014) wait times were calculated using preferred date for all patients. Completed Appointments (For October 31, 2014) wait times calculated using preferred date for all patients. The “Wait Times Calculated Using Preferred Date” data set reflects data calculated based on the date a Veteran prefers to be seen or the date determined to be medically necessary by their physician. The calculation reflected in the column showing the number of appointments for patients waiting more than 30 days from the preferred date will be used to determine a Veteran’s eligibility to elect to receive non-VA care through the Choice Program. Significant Improvements included:

- Nationally, VA has completed 24 million appointments between June 1, 2014 and October 31, 2014, which is over 1.4 million more than completed in the same time period in 2013. From June 1, 2014 through October 31, 2014, VA completed over 653,000 appointments during the extended hours (nights and weekends).
- VA completed 98% of appointments in October 2014 within 30 days of the date the Veteran wanted to be seen.
- June 1, 2014, through October 31, 2014: the Electronic Wait List went from over 56,000 appointments to under 22,000, a 62% reduction.
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As of December 5, 2014, VA will discontinue reporting the “Wait Times Calculated Using Create Date for New Patients and Desired Date for Established Patients” data sets. Ongoing releases will continue to include updates for the “Wait Times Calculated Using Preferred Date” data sets, the calculation outlined in VA’s Report to Congress. [Source: TREA News for the Enlisted Monday Dec. 08, 2014 ++]

***Agent Orange Exposed Ships Update ► Dec 2014
Updated List***

VA maintains a list of U.S. Navy and Coast Guard ships associated with military service in Vietnam and possible exposure to Agent Orange based on military records. This evolving list helps Veterans who served aboard ships, including "Blue Water Veterans," find out if they may qualify for presumption of herbicide exposure. Veterans must meet VA's criteria for service in Vietnam, which includes aboard boats on the inland waterways or brief visits ashore, to be presumed to have been exposed to herbicides. Veterans who qualify for presumption of herbicide exposure are not required to show they were exposed to Agent Orange or other herbicides when seeking VA compensation for diseases related to Agent Orange exposure.

Find your ship Ships or boats that were part of the Mobile Riverine Force, Inshore Fire Support (ISF) Division 93 or had one of the following designations operated on the inland waterways of Vietnam. Veterans whose military records confirm they were aboard these ships qualify for presumption of herbicide exposure. During your Vietnam tour, did your ship or boat have one of the following designations?

- AGP (Assault Group Patrol/Patrol Craft Tender)
- LCM (Landing Craft, Mechanized)
- LCU (Landing Craft, Utility)
- LCVP (Landing Craft, Vehicle, Personnel)
- LST (Landing Ship, Tank)
- PBR (Patrol Boat, River)
- PCF (Patrol Craft, Fast or Swift Boat)
- PG (Patrol Gunboat)
- STABS (Strike Assault Boats)
- WAK (Cargo Vessel)
- WHEC (High Endurance Cutter)
- WLB (Buoy Tender)
- WPB (Patrol Boat)
- YFU (Harbor Utility Craft)

If your vessel is not included in the Mobile Riverine Force, ISF Division 93 or above designations, check VA's alphabetized ship list at <http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp>.

Information on the list is available at www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp. Refer to <http://www.publichealth.va.gov/exposures> to learn about military exposures and VA benefits. Need help determining qualifying service? VA will help determine qualifying service in Vietnam after you file a claim for compensation benefits. To contact VA: Call 1-800-827-1000 or 1-800-829-4833 (TDD for hearing impaired) Go to your nearest VA benefits office. [Source: VVA Web Weekly Dec. 05, 2014++]

VA Hepatitis C Care Update ► \$1.3 Billion Requested to Buy Sovaldi

Department of Veterans Affairs officials told a Senate panel 3 DEC a new drug holds the potential to cure hepatitis C in tens of thousands of veterans but will require billions in new spending to cover the cost. The department has requested \$1.3 billion from Congress to buy Sovaldi, a drug approved last year for the treatment of the potentially deadly liver disease. But the money will only buy treatment for about 30,000 infected vets while as many as 114,000 might need it, said David Ross, director of the VA's HIV, hepatitis C, and public health pathogens programs. Sovaldi requires a shorter treatment period and has fewer side effects and a higher cure rate than previously existing maintenance treatments that are long and painful and sometimes require liver transplants. Providing it to all the veterans at the current price of over \$500 per pill could cost the VA another \$2.6 billion. The VA has cut its cost for the drug in half through negotiations with the company that owns Sovaldi, Gilead Sciences, Inc., but is still asking for more than a billion dollars in new funding to begin treatments, said Michael Valentino, pharmacist and chief consultant to the VA Pharmacy Benefits Management Services.

For now, the department is shifting money to provide Sovaldi to vets who request it, he said. Veterans, especially those from the Vietnam War, are infected with hepatitis C at a higher rate than the rest of the population. Research suggests that many contracted the virus before it was recognized through blood transfusions and other medical care; other factors are intravenous drug use common during the war, the fact that VA generally serves a lower socioeconomic class, and that transfusions were saving lives on the battlefield in great number for the first time.

The Senate Veterans Affairs Committee called the hearing after the chairman, Sen. Bernie Sanders (I-VT) saw the high-dollar request from the VA earlier this year. In July, Sen. Ron Wyden (D-OR) and Sen. Chuck Grassley (R-IA) asked Gilead to explain why the high U.S. price — \$1,000 a pill — differs from that in other countries as well as from a previous U.S. estimate. Sanders criticized Gilead for the prices and reaping large profits while veterans face possible rationing due to the expense, calling it a moral issue. According to the senator, Gilead bought the original company that developed Sovaldi for \$11 billion and stands to make about \$200 billion on the drug. “What we are looking at is very clearly an excessive profit and a lot of that profit is going to be paid by the taxpayers in this country,” Sanders said.

Gilead Sciences declined to testify. Gilead spokeswoman Michele Rest told Stars and Stripes that the drug is worth the expense because it simplifies and shortens treatment to just eight weeks and can help patients avoid the cost of treating liver disease. It offers a “cure at a price that will reduce hepatitis C treatment costs in the short-term and deliver significant healthcare savings to the healthcare system over the long-term,” Rest wrote in an email response. The ranking Republican on the Senate committee stood up for the pricing. Sen. Richard Burr (R-NC) said companies such as Gilead take large financial risks and navigate a testing and approval “valley of death” when developing new drugs. “Innovation is expensive ... I think the one thing we agree on is we don’t want to give up innovation,” Burr said. Instead of attacking prices, he said Congress and the VA should look at how much could be saved in the long-term by treating veterans known to have hepatitis C. “I believe the price of this particular drug should be looked at on the macro level,” Burr said.

Still, it remains unclear how the VA will deal with the high costs of treatment. Valentino said the department expects more new hepatitis C drugs to be released this month and next year, which could provide veterans alternatives to Sovaldi. But new competitor drugs are not always cheaper once they hit the market and the VA will likely be forced to ration what it can afford, said Robert Weissman, the president of the Washington-based consumer rights advocacy group Public Citizen. “We are still going to be stuck with a super-high price because the starting price was so high,” Weissman told the Senate. The high costs of Sovaldi and other new drugs soon to be released will likely become unsustainable for the VA and other government health care programs, said John Rother, president and chief

executive officer of the National Coalition on Health Care, a nonprofit, nonpartisan group that advocates for affordable health care. “Sovaldi is just the canary in the coal mine when we look at what is coming at us,” he said. [Source: Stars and Stripes | Travis Tritten | Dec. 03, 2014 ++]

Walz Pledges to Reintroduce Bill Immediately in 114th Congress

Washington, DC [12/15/14] – Today, Representative Tim Walz (D-MN), author of the bipartisan Clay Hunt Suicide Prevention for American Veterans (Clay Hunt SAV) Act and highest ranking enlisted soldier to ever serve in Congress, released the following statement after Senator Tom Coburn blocked the bill’s passage, despite it having overwhelming support from veterans, their advocates, Republicans, and Democrats.

“22 veterans per day take their own lives. That’s over 150 suicides per week, over 600 suicides per month, and over 8,000 suicides per year. There is no doubt this is a serious problem that must be addressed. That is why I, along with House Committee on Veterans’ Affairs Chairman Jeff Miller (R-FL) and Rep. Tammy Duckworth (D-IL), introduced the Clay Hunt SAV Act. While not a cure all, this bipartisan bill is designed to help the VA provide better mental health care services and is overwhelmingly supported by Republicans and Democrats, Servicemembers and civilians. I’m greatly disappointed that even this, the most bipartisan of measures, fell victim to politicking.

“Make no mistake, the fight isn’t over. We will rally from this setback; I will reintroduce this important legislation immediately in the 114th Congress, and there is no doubt in my mind it will eventually become law. Unfortunately, we know for a number of veterans that wait will be too large a burden to bear. Each day we fail to address this problem, more veterans die. It’s incredibly disappointing that this commonsense legislation was stymied by the only Member of Congress in either the House or Senate who objects to the bill.

“I thank everyone who played a part in getting us this far: veterans, veterans service organizations, especially IAVA, my co-authors House Committee on Veterans’ Affairs Chairman Jeff Miller (R-FL) and Rep. Tammy Duckworth (D-IL), Senator Richard Blumenthal (D-CT), and, most importantly, Clay’s courageous

parents, Susan and Richard Selke. The Selkes have taken a personal tragedy that many of us cannot even begin to imagine, persevered, and are working to make positive change. They truly represent the best of us.

“While today we may have lost the battle, be certain that we will win the war.”